

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/784,400

FILING DATE

APPLICANT(S)

CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/	/				
3	/	/				
4	/	/				
5		/				
6		/				
7		/				
8		/				
9	/					
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41		/				
42		/				
43	/					
44		/				
45	/	/				
46		/				
47		/				
48		/				
49		/				
50	/					
TOTAL IND.		0		0		0
TOTAL DEP.		0		0		0
TOTAL CLAIMS						

CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/				
52	/	/				
53		/				
54		/				
55		/				
56		/				
57	/					
58	/	/				
59	/	/				
60	/	/				
61		3				
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	11	0		0		0
TOTAL DEP.	42	0		0		0
TOTAL CLAIMS	53					

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADAMENDMENTS